

**EMERGENCY MEDICAL SERVICES AUTHORITY**1930 9<sup>th</sup> STREET

SACRAMENTO, CA 95811-7043

(916) 322-4336

FAX (916) 324-2875

**INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE  
APPLICANT SUBMISSION FORM**

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check prior to being licensed. In addition, all applicants who have not resided continuously in California for the past seven years and/or applicants that have a criminal history outside of California are required to complete a Federal Bureau of Investigation (FBI) criminal history check.

The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used. However, if you are currently living outside California, you must submit rolled fingerprints on the blue and white paper fingerprint card and pay all applicable fees (See Instructions for Completing Fingerprint Card).

You may download a Request for Live Scan Service Applicant Submission Form (BCII 8016) from the DOJ website at [http://ag.ca.gov/fingerprints/forms/BCII\\_8016.pdf](http://ag.ca.gov/fingerprints/forms/BCII_8016.pdf) or from the EMS Authority's website at [www.emsa.ca.gov/para/licensureforms.asp](http://www.emsa.ca.gov/para/licensureforms.asp). Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as several public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at [www.ag.ca.gov/fingerprints](http://www.ag.ca.gov/fingerprints).

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$32 and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. There is an additional fee of \$19 for the FBI criminal history check. If you are required to do both a DOJ and FBI criminal history check, the total fee for both is \$51. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting. The rolling fee may vary by agency. Many agencies require an appointment so we encourage you to call the Live Scan equipped agency before having your fingerprints done.

The EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required it may take longer to receive the results and in some rare cases it may take as long as 30 days or more. Once you have been fingerprinted, send the second copy of the Request for Live Scan Service form to the EMS Authority along with your paramedic license application and other required documentation as listed on the back of the Initial License Application.

If you have any questions, please call the Paramedic Program Unit at (916) 323-9875.

**IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).**

## **INSTRUCTIONS**

**All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. *TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

### **ORI**

The ORI number for the EMS Authority is **A0536**.

### **Job Title or Type of License, Certification or Permit:**

Paramedic

### **Mail Code**

The five digit mail code assigned by DOJ is **02531**.

### **Name of Applicant**

Indicate complete name. Last Name, First Name and Middle Initial.

### **Date of Birth**

Indicate month-day-year of birth.

### **Height**

Indicate your height in feet and inches.

### **Eye Color**

Indicate eye color.

### **Place of Birth**

Indicate the state or country of birth.

### **Driver's License No.**

Indicate your California Driver's License Number.

### **Type of Application**

License

### **Agency Address Set Contributing Agency**

Emergency Medical Services Authority  
1930 9th Street  
Sacramento, CA 95814

### **Contact Telephone Number**

(916) 323-9875

### **Alias**

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

### **Sex**

Check either Male or Female.

### **Weight**

Indicate your weight in pounds.

### **Hair Color**

Indicate hair color.

### **SOC**

Indicate your Social Security Number.

### **Level of Service**

Check the DOJ box, and if you have resided in California 7 years or less, or if you have a criminal history outside of California check the FBI box.

**Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.**

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***ORI: **A0536** Type of Application: **License**Job Title or Type of License, Certification or Permit: **Paramedic**

Agency Address Set Contributing Agency:

**Emergency Medical Services Authority**

Agency authorized to receive criminal history information

**02531**

Mail Code (five-digit code assigned by DOJ)

**1930 9<sup>th</sup> Street**

Street No.

Street or PO Box

Contact Name (Mandatory for all school submissions)

**Sacramento, CA 95814**

City

State

Zip Code

( )

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MIAlias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last FirstDate of Birth \_\_\_\_\_ Sex: ☐ Male ☐ Female Misc No. **BIL -**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Street or PO Box

SOC: \_\_\_\_\_ City, State and Zip Code

Your Number: \_\_\_\_\_ Level of Service ☐ DOJ ☐ FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

\_\_\_\_\_  
Employer Name\_\_\_\_\_  
Street No. Street or PO Box\_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)\_\_\_\_\_  
City State Zip Code( )  
Agency Telephone No. (Optional)Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator\_\_\_\_\_  
Transmitting Agency ATI No. Amount Collected/Billed**ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant**